

**Iowa Vocational Rehabilitation Services – Application Form**

Please complete all sections. If you would like assistance with this form, do not hesitate to ask. If you need more space, please use an additional piece of paper.

**A. Personal Information:**

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First Name: \_\_\_\_\_  
Middle/Maiden: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_ Phone: (Home) (\_\_\_\_) \_\_\_\_\_ (Cell)(\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F

**Race:** Please check all that apply.

\_\_\_\_ White \_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_ Asian  
\_\_\_\_ American Indian or Alaska Native \_\_\_\_ Black or African American

**Ethnicity:** Please check one.

Hispanic or Latina: \_\_\_\_ Yes \_\_\_\_ No

**Marital Status:** Please check at least one.

\_\_\_\_ Married, including common law \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_ Separated  
\_\_\_\_ Never Married

**Living Arrangements:**

\_\_\_\_ Private Residence \_\_\_\_ Community Residence or Group Home \_\_\_\_ Rehabilitation Facility  
\_\_\_\_ Mental Health Facility \_\_\_\_ Nursing Home \_\_\_\_ Halfway House \_\_\_\_ Homeless Shelter  
\_\_\_\_ Substance Abuse Treatment Center \_\_\_\_ Adult Correctional Facility \_\_\_\_ Other

Do you have a legal guardian? \_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Cultural/Religious Preferences:**

Are there cultural or religious preferences we should be aware of that may affect vocational planning?  
\_\_\_\_ Yes \_\_\_\_ No

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**B. Referral Source and Rehabilitation Services:**

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What services would you like to receive from Iowa Vocational Rehabilitation Services (IVRS)?

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Who referred you to IVRS? \_\_\_\_\_ Phone Number:(\_\_\_\_) \_\_\_\_\_

**Is there someone outside of your household who would usually be able to help us contact you?**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (Home):(\_\_\_\_) \_\_\_\_\_ (Mobile):(\_\_\_\_) \_\_\_\_\_ (Work):(\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (Home):(\_\_\_\_) \_\_\_\_\_ (Mobile):(\_\_\_\_) \_\_\_\_\_ (Work):(\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**C. Disability Information:**

What is your disability, condition, or diagnosis? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What medications are you currently taking?  
\_\_\_\_\_  
\_\_\_\_\_

Do you take your medication as prescribed? \_\_\_\_ yes \_\_\_\_ no, if no explain: \_\_\_\_\_  
\_\_\_\_\_

How does your disability affect your ability to work or find work? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Transportation Information:**

What type of transportation do you use? (check all that apply) \_\_\_\_ private vehicle \_\_\_\_ bus  
\_\_\_\_ taxi \_\_\_\_ family/friends \_\_\_\_ other: please explain: \_\_\_\_\_

Would any job that you obtain need to be accessible by bus (route and schedule)? \_\_\_\_ yes \_\_\_\_ no

Do you have an alternative plan for transportation in case of an emergency? \_\_\_\_ yes \_\_\_\_ no

Describe the alternative plan: \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_ yes \_\_\_\_ no

If no, do you plan to get a driver's license? \_\_\_\_ yes \_\_\_\_ no

Do you plan to take driver's education if you do not currently have a driver's license? \_\_\_\_ yes \_\_\_\_ no

Do you have a Chauffeur's or CDL license? \_\_\_\_ yes \_\_\_\_ no

**E. Monthly Support and Benefits at Application:**

Have you ever applied for Social Security Disability or Supplemental Security Income? \_\_\_\_ yes \_\_\_\_ no

If so, what were the results? \_\_\_\_ approved \_\_\_\_ denied \_\_\_\_ pending \_\_\_\_ in appeal process

If you are receiving public support, please enter whole dollar amounts next to the benefit you receive:

\_\_\_\_\_ SSDI \_\_\_\_\_ SSI \_\_\_\_\_ TANF \_\_\_\_\_ Veteran's Disability

\_\_\_\_\_ General Assistance \_\_\_\_\_ Worker's Compensation

\_\_\_\_\_ Other Public Support (specify \_\_\_\_\_)

What is your primary source of support? \_\_\_\_ personal income (earnings, interest, etc.)

\_\_\_\_\_ Family/Friends \_\_\_\_\_ Public Support (SSI, SSDI, TANF, etc) \_\_\_\_ All Other Sources

What source of health insurance do you use? (check all that apply)

\_\_\_\_ Current Job \_\_\_\_ Medicaid \_\_\_\_ Medicare \_\_\_\_ Public Insurance from Other sources

\_\_\_\_ No Health Insurance \_\_\_\_ Private (Health Insurance Company: \_\_\_\_\_  
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**F. Reported Criminal Background:**

Do you anticipate problems with a background check? \_\_\_\_ yes \_\_\_\_ no

Have you ever been convicted of a crime? \_\_\_\_ yes \_\_\_\_ no

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

What was the outcome of the conviction (parole, prison time, under age-records sealed, etc)? \_\_\_\_\_

What is the impact on your vocational choices and are there specific jobs you will not be able to do? \_\_\_\_\_

**G. Education Information at Application:**

What is the highest grade you completed? \_\_\_\_\_

Did you receive special education services while in high school? \_\_\_yes \_\_\_ no

If Yes, when (month/year) did you begin special education services? \_\_\_\_\_

Did you receive services in high school under a 504 plan? \_\_\_yes \_\_\_ no

While in high school are you, or did you participate, in a work experience program? \_\_\_ yes \_\_\_ no

Are you planning on pursuing further training? \_\_\_ yes \_\_\_ no (if yes, please describe the program and or school: \_\_\_\_\_)

**If you have plans to pursue an education beyond high school:**

Have you received the Free Application for Federal Student Aid (FAFSA)? \_\_\_ yes \_\_\_ no

Have you applied for student financial aid? \_\_\_yes \_\_\_ no

Are you in default of a federal student loan? \_\_\_ yes \_\_\_ no

Are there any personal problems or circumstances that might interfere with you working while attending school? (If yes, please explain) \_\_\_yes \_\_\_ no Explain: \_\_\_\_\_

**Education History:**

Name and Location of High School: \_\_\_\_\_

High School Student ID Number, if currently a high school student in Iowa: \_\_\_\_\_

Month and Year Graduated: \_\_\_\_\_ (may be a future target date)

.....  
Last College or Vocational Training School Attended: \_\_\_\_\_

School Location: \_\_\_\_\_ Completed Program? \_\_\_ yes \_\_\_ no

If you did not complete the program please explain why: \_\_\_\_\_

Major or Program: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

**Dates Attended:** from \_\_\_\_\_ to \_\_\_\_\_ GPA: \_\_\_\_\_

.....  
Other College or Vocational Training School Attended: \_\_\_\_\_

School Location: \_\_\_\_\_ Completed Program? \_\_\_ yes \_\_\_ no

If you did not complete the program please explain why: \_\_\_\_\_

Major or Program: \_\_\_\_\_ Degree/Certificate: \_\_\_\_\_

**Dates Attended:** from \_\_\_\_\_ to \_\_\_\_\_ GPA: \_\_\_\_\_

**H. Employment History:**

Are you currently employed? \_\_\_yes \_\_\_ no

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Wage: \_\_\_\_\_ per \_\_\_\_\_ (hour, week, biweekly, bimonthly, year)

Hours Per Week: \_\_\_\_\_ Date Began: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

**Other Experience:**

Have you served in the military? \_\_\_yes \_\_\_ no

If yes, \_\_\_ Honorable discharge \_\_\_ Dishonorable Discharge

If Dishonorable Discharge, please explain: \_\_\_\_\_

Have you had jobs other than the one listed above? If so please provide the following information:

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Began: \_\_\_\_\_ month \_\_\_\_\_ year Date Ended: \_\_\_\_\_ month \_\_\_\_\_ year

Direct Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_ change jobs \_\_\_ further education \_\_\_ relocated \_\_\_ company went out of business \_\_\_ laid off (explain: \_\_\_\_\_)

\_\_\_ fired (explain: \_\_\_\_\_)

\_\_\_ other \_\_\_\_\_

Will this employer provide a good reference for you? \_\_\_ yes \_\_\_ no (if no, what do you think the employer will say? \_\_\_\_\_)

.....  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Began: \_\_\_\_\_ month \_\_\_\_\_ year Date Ended: \_\_\_\_\_ month \_\_\_\_\_ year

Direct Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_ change jobs \_\_\_ further education \_\_\_ relocated \_\_\_ company went out of business \_\_\_ laid off (explain: \_\_\_\_\_)

\_\_\_ fired (explain: \_\_\_\_\_)

\_\_\_ other \_\_\_\_\_

Will this employer provide a good reference for you? \_\_\_ yes \_\_\_ no (if no, what do you think the employer will say? \_\_\_\_\_)

.....  
Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Began: \_\_\_\_\_ month \_\_\_\_\_ year Date Ended: \_\_\_\_\_ month \_\_\_\_\_ year

Direct Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_ change jobs \_\_\_ further education \_\_\_ relocated \_\_\_ company went out of business \_\_\_ laid off (explain: \_\_\_\_\_)

\_\_\_ fired (explain: \_\_\_\_\_)

\_\_\_ other \_\_\_\_\_

Will this employer provide a good reference for you? \_\_\_ yes \_\_\_ no (if no, what do you think the employer will say? \_\_\_\_\_)

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Do you have the documents necessary to comply with Form I-9, Employment Eligibility Verification, which all employers must file for new employees? \_\_\_ yes \_\_\_ no